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CLAIMS ONLY						Application Number <u>09/5341096</u>	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2		1					52			
3							53			
4							54			
5							55			
6							56			
7		1					57			
8							58			
9							59			
10							60			
11		1					61			
12							62			
13							63			
14							64			
15							65			
16		1					66			
17							67			
18							68			
19							69			
20		1					70			
21							71			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	5						Total Indep			
Total Depend	9						Total Depend	15		
Total Claims	14						Total Claims			

15
29